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PTO/SB/21 (04-07)
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/729,475-Conf. #3082	
	Filing Date	December 5, 2003	
	First Named Inventor	Steve PAKOLA	
	Art Unit	1651	
	Examiner Name	T. Kim	
Total Number of Pages in This Submission	110	Attorney Docket Number	0113476.00122US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental IDS <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Form 1449 (w/106 pp of refs.) - Return Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP	
Signature	<i>Hollie L. Baker</i>	
Printed name	Hollie L. Baker	
Date	June 14, 2007	Reg. No. 31,321

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: June 14, 2007	Signature: <i>Rochelle Capobianco</i> (Rochelle Capobianco)



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Dated: 06/14/07 Signature: Hollie L. Baker

Docket No.: 0113476.00122US1
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Steve PAKOLA et al. Confirmation No.: 3082
Application No.: 10/729,475 Art Unit: 1651
Filed: December 5, 2003 Examiner: T. Kim
Title: PHARMACOLOGICAL VITREOLYSIS

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (IDS)

Dear Sir:

This Supplemental Information Disclosure Statement is being filed after the mailing date of the first Office Action on the merits and before the mailing date of a final Office Action or a Notice of Allowance.

Please charge the \$180.00 fee to our Deposit Account No. 08-0219.

Applicants request that the Examiner initial and return a copy of the enclosed Form PTO SB-08 with the next communication.

Respectfully submitted,

Dated:

June 14, 2007

Hollie L. Baker

Hollie L. Baker

Registration No.: 31,321

Attorney for Applicant(s)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/729,475-Conf. #3082
TOTAL AMOUNT OF PAYMENT (\$) 180.00		Filing Date	December 5, 2003
		First Named Inventor	Steve PAKOLA
		Examiner Name	T. Kim
		Art Unit	1651
		Attorney Docket No.	0113476.00122US1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>08-0219</u> Deposit Account Name: <u>Wilmer Cutler Pickering Hale and Dorr LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
_____	_____	_____	_____	Fee (\$)		Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
_____	_____	_____	_____				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	_____	/50 = _____ (round up to a whole number) x _____		_____	_____		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement						180.00	

SUBMITTED BY			
Signature	<u>Hollie L. Baker</u>	Registration No. (Attorney/Agent)	31,321
Name (Print/Type)	Hollie L. Baker	Telephone	(617) 526-6000
		Date	June 14, 2007

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Dated: June 14, 2007	Signature: <u>Rochelle Capobianco</u> (Rochelle Capobianco)



Used in Lieu of PTO/SB/08A/B
(Based on PTO 04-07 version)

INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known	
				Application Number	10/729,475-Conf. #3082
				Filing Date	December 5, 2003
				First Named Inventor	Steve PAKOLA
				Art Unit	1651
Examiner Name	T. Kim				
Sheet	1	of	1	Attorney Docket Number	0113476.00122US1

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁰
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				
	BA	WO-2004/052228	06-24-2004	Thromb-X NV		
	BB	GB-985498	03-10-1965	Jensen		

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

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¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature		Date Considered	
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